

# AIR BAG CERTIFICATION STATEMENT

B-303 REV. 6-2001

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
BRANCH OPERATIONS DIVISION  
On The Web At <http://dmvct.org>



OWNER OF VEHICLE

RESIDENT ADDRESS OF OWNER

(Number and Street)

(City or Town)

(State)

(Zip Code)

DEALER OR REPAIRER

LICENSE NUMBER

ADDRESS OF REPAIR FACILITY

(Number and Street)

(City or Town)

(State)

(Zip Code)

MAKE

MODEL

YEAR

VEHICLE IDENTIFICATION NUMBER

DATE OF AIR BAG SYSTEM INSPECTION

**NOTE:** If other than franchised dealer for type of vehicle listed above, a photocopy of the technicians certification of training on airbag or passive restraint systems (I-CAR, ASE, TECH-COR, Etc.) must accompany this statement.

By signing below you attest that the airbag system, including associated sensors and controls, in the vehicle listed above was inspected in accordance with established factory procedures for vehicles that have been in a collision, and you found the airbag system in proper operating condition.

PRINTED NAME OF TECHNICIAN

SIGNATURE OF TECHNICIAN

X

DATE SIGNED